



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/01/2005

Business ID: 404902

William M. Gardner

Secretary of State

LAZY BEAR INC.

PO BOX 182

CONCORD , NH 03302

ENTITY TYPE:	CORPORATION
BUSINESS ID:	404902
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	030490932

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 182

CONCORD , NH 03302

REGISTERED AGENT AND OFFICE:

JOANNE KEARNEY

7 RUSTIC LANE P.O. BOX 588

MEREDITH , NH 03253

2 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

OFFICERS	BOARD OF DIRECTORS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW)	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW)
NAME <u>GARY KEARNEY</u>	NAME <u>GARY KEARNEY</u>
STREET <u>P.O. Box 588</u>	STREET <u>P.O. Box 588</u>
CITY/STATE/ZIP <u>MEREDITH NH 03253</u>	CITY/STATE/ZIP <u>MEREDITH, NH 03253</u>
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4 To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Gary Kearney

Please print name and title of signer: GARY KEARNEY 1 President

NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529